

SURFERENCE OF SOME

January 25, 2017

Utah Public Service Commission, Heber M. Wells Building 160 East 300 South Salt Lake City, UT 84114

RE: Docket 17-999-04 - Lifeline Certification on FCC Form 555 - Telrite Corporation d/b/a Life Wireless

Dear Staff,

Pursuant to 47 C.F.R. § 54.416, enclosed please find for filing in the above-referenced docket a copy of Telrite Corporation's FCC Form 555..

An extra copy of this letter is enclosed to be date-stamped and returned to us in the self- addressed, postage-paid envelope.

If you have any questions regarding this filing, please contact me at (407) 260-1011 or regulatory@csilongwood.com.

Respectfully submitted,

Mark Lammert Attorney-in-Fact

Telrite Corporation d/b/a Life Wireless

Enclosures

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

509010		143028229
Study Area Code (SAC) (An Eligible Telecommunicati		Service Provider Identification Number (SPIN) tification form for each SAC through which it provides Lifeline service).
2016	UT	Telrite Corporation
Recertification Year	State	ETC Name
Life Wireless		N/A
DBA, Marketing, or Otl (If same as ETC name, list "N/	ner Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting compa	any have affiliated ETCs?	Yes No 💿
etermined in accordance with S	ection 3(2) of the Communications A	ising page 4 and additional sheets if necessary. Affiliation shall be ct. That Section defines "affiliate" as "a person that (directly or indirectly) ership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
ormation, or other similar aws (or partnership agreem	legal document. An officer is nent), and would typically be pr	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by-resident, vice president for operations, vice president for finance, r is a sole proprietorship, the owner must sign the certification.
ection 1: Initial Cer	tification All ETCs must complete th	vis section
certify that the company li	sted above has certification prod	cedures in place to:
that, to the best of my	knowledge, the company was	tation prior to enrolling a consumer in the Lifeline program, and a presented with documentation of each consumer's household ner enrollment in Lifeline; and/or
	ibility by relying upon access ior to enrolling a consumer in the	to a state database and/or notice of eligibility from the state he Lifeline program.
am an officer of the combove.	pany named above. I am autho	orized to make this certification for the Study Area Code listed
nitial KJ		

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
656	0	1	304	351

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
351	265	86	0	86

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial KJ

AND/OR

- OR

 C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
351	86	24.51%

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🗿

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	46
February	33
March	23
April	36
May	29
June	31
July	20
August	30
September	17
October	26
November	17
December	0
Total Subscribers	308

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online
Signature of Officer
kellv.jesel@telrite.com
Email Address of Officer
Mark Lammert
Person Completing This Certification Form

Kelly Jesel, CFO

Printed Name and Title of Officer
01/09/2017
Date
407-260-1011
Contact Phone Number